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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name	Santa	Office:	
Petrick Flood		House	☐ Senate
Mailing address 56 Wedgewood Dr City, zip code Winthrep Me 0436		District 8 Z	
City, zip code Winthrep Me 04369		Phone 395. 4	915
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AND	OTHER	
List the name and address of each employer from whom you economic activity of each employer.	ou received compensation of \$1,000 o	or more. Specify t	the principal type of
☑ None			
Name of Employer	Address		of Economic Activity Imployer
		59 MINO A MINO A MANAGARA	
		St. Ark. St. ark.	
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAV	V PRACTICE	agaduje s brekenyen kutan. Koma – koma ososonji su
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profesactivity or practice of that entity.	any, and list the major areas of econo sional association, or similar business of	mic activity or prace entity, list the majo	ctice from which you r areas of economic
☑ None			ekkanistiitii siiruuniiri eku läinna karmanna 11 sempere eguppyä äryymyön yöysyyytyösyysyysyysyysyy
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Law Practice (self)	Law (partnership, asso	Economic Activity/ Practice ociation, firm or similar ess entity)
Name:			
Address:			
Name:	germenne fransk	1	. Ан сон мен об об добо и на боль не боль не боль не выполнения по пред негу технову по до негу технову пред д Не пред негу технову пред негу технову по пред негу технову по пред негу технову пред негу технову пред досущения пред негу технову
Address:		** * * * * * * * * * * * * * * * * * *	
	<u> </u>	<u> </u>	Accessed 1997

PART 2 (continued). INCOME DEF	RIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or lat \$1,000, whichever is greater, and specify the principal type of economic. If this form of disclosure is prohibited by law, rule, or an esta economic activity of the entity or person from whom the income was d	nomic activity of the entity or pe ablished code of professional ethi	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		NAME OF THE PROPERTY OF THE PR
Name: Address:		
PART 3. OTHER SO	URCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 box.	of this form. Do not include gifts	or honoraria. If none, check the
□ None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: International Paper Company		Pensia
Name: International Paper Company Address: (Same address as precess reports)		
Name:		
Address:		
Name;		
Address:		
PART 4. REPORTA	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or me areas of economic activity of each creditor. Do not list credit card liability regulated financial institutions. If none, check the box.	ore that you received during the lities, educational loans, loans fro	reporting period, and list the major om a relative, or business loans from
■ None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		,
Address:		
PART 5. REPOI	RTABLE GIFTS	
List the specific source of gifts received during the reporting period with	n an aggregate value of more tha	n \$300. If none, check the box.
Name of Source of Gift	NI	Source of Gift
Name of Source of GIII 1.	Name of 3	SULLCE OF SHE
2.	4.	illi-dilikilik riqua va ili-diligarestara kii kasholorista veeko kohilo-punestalkiikuli vuokulu aukakakuu uu uuda ku

PART 6. RI	EPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances or	speeches. If none, check the box.	
☑ None		A Company of the Comp
Name of Source of Honoraria	Name of So	urce of Honoraria
1.	3.	
2.	4.	
	TATION BEFORE STATE AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for compensation	n of any amount. If none, check the
☑ None		
Name of Agency	Name	of Agency
1.	. 3 .	
2.	4.	
	IESS WITH STATE AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a	er of your immediate family sold goods of family member sold the goods or services	r services with a value in excess of s. If none, check the box.
☑ None	(1990) об 19 (1990) об 1990 об 199	
Name of Agency	Name	of Agency
1.	3.	
2.	4.	
	ED BY MEMBERS OF IMMEDIATE FA	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts.	of income represented. If your spouse of	or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name: Mariarie C Flood	1. Employment	1. Emplyment Salary
Name: Marjorie C Flood Job Title: Optician - Manager	2.	2.
a bilinamia hil mail real at.	3.	3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		CP - apply of the first being a balance of the parties.

List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any na tion was compensated. If a family member listed, indicate you	ture. Indicate whether	you or a family held	the position and wi	
☐ None	ett (et e e e e e e e e e e e e e e e e	anandak principila kiara dan dirak benaniparinah sudan dan ananan anan anan anan anan anan		***************************************
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Kennebec Behavioral Health Augusta, Me	Mbr- B.O.D.	self		100
Family valence Project . Augusta, Me	mbr - BOD.	self		NO
Unthrop Area YMCA Winthrop, Me	mbr- BOD.	self	nemea-a-a-manage.	NO
Winthrop Chbr of Commerce Winthrop Ms	Mbr - 6.0.2.	<u> selt </u>	and the second state of th	No
Maine Space Great Consortium - Augusta Me	Mbr - B.O.D.	self		WO NO
Maron. L. Assn Winthrop, Me	Mbr - B.O.D.	self	CONTRACTOR AND	NO
Marke Johnston Fola Foyalte, Me	ты В.O.D.	self		Na
	mande directive to the transfer of the desired of t		40	**************************************
	Section or Assessment		The state of the s	in the state of th
	Me General Andreas	The state of the s	the Carlo Managara	na managaran
		Private Privat	30	
	SIGNATURE			
A Legislator who willfully fails to file a required statement	t is subject to a fine o	of up to \$100. (1	M.R.S.A. § 1017-A	4)
The intentional filing of a false statement is a Class E criwillfully filed a false statement, it shall refer its findings of				a Legislator has
Pain 1 G Hook Signature		2/1	77/11 Date	
Please provide any additional information below (and or the information you are providing. Use additional pages			te the part or sect	ion number for
Part/Section Number				

PART 10. OFFICER OR DIRECTOR POSITIONS